

County: Milwaukee
ST. CAMILLUS HEALTH CENTER, INC.
10101 WEST WISCONSIN AVENUE

Facility ID: 8290

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WAUWATOSA 53226 Phone: (414) 258-1814
Operated from 1/1 To 12/31 Days of Operation: 365
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/01): 199
Total Licensed Bed Capacity (12/31/01): 209
Number of Residents on 12/31/01: 188

Ownership: Nonprofit Church
Highest Level License: Skilled
Operate in Conjunction with CBRF? Yes
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Average Daily Census: 188

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)		%
Home Health Care	Yes	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		43.6
Supp. Home Care-Personal Care	Yes					1 - 4 Years		41.5
Supp. Home Care-Household Services	Yes	Developmental Disabilities	1.1	Under 65	3.7	More Than 4 Years		14.9
Day Services	No	Mental Illness (Org./Psy)	43.1	65 - 74	11.2			-----
Respite Care	No	Mental Illness (Other)	2.1	75 - 84	31.9			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	46.3	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.5	95 & Over	6.9	Full-Time Equivalent		
Congregate Meals	No	Cancer	2.7		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	9.6		100.0	(12/31/01)		
Other Meals	No	Cardiovascular	15.4	65 & Over	96.3	-----		
Transportation	No	Cerebrovascular	9.0		-----	RNs		11.5
Referral Service	No	Diabetes	1.1	Sex	%	LPNs		10.9
Other Services	Yes	Respiratory	2.1		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	13.3	Male	31.4	Aides, & Orderlies		
Mentally Ill	No		-----	Female	68.6			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

	Medi care (Title 18)			Medi cal d (Title 19)			Other		Pri vate Pay			Fami ly Care			Managed Care					
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of All
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	16	100.0	319	79	90.8	110	0	0.0	0	73	88.0	218	2	100.0	110	0	0.0	0	170	90.4
Intermediate	---	---	---	8	9.2	91	0	0.0	0	10	12.0	201	0	0.0	0	0	0.0	0	18	9.6
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	16	100.0		87	100.0		0	0.0		83	100.0		2	100.0		0	0.0		188	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				
				% Needing Assistance of One Or Two Staff	% Totally Dependent	Total Number of Residents
Percent Admissions from		Activities of	%			
Private Home/No Home Health	11.7	Daily Living (ADL)	Independent			
Private Home/With Home Health	0.0	Bathing	5.3	62.8	31.9	188
Other Nursing Homes	4.8	Dressing	9.6	58.5	31.9	188
Acute Care Hospitals	77.7	Transferring	24.5	50.5	25.0	188
Psych. Hosp. -MR/DD Facilities	0.7	Toilet Use	16.5	54.3	29.3	188
Rehabilitation Hospitals	0.0	Eating	67.0	16.5	16.5	188
Other Locations	5.2	*****				
Total Number of Admissions	291	Continence	%	Special Treatments		%
Percent Discharges To:		Indwelling Or External Catheter	5.3	Receiving Respiratory Care		6.4
Private Home/No Home Health	19.9	Occ/Freq. Incontinent of Bladder	55.9	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	15.2	Occ/Freq. Incontinent of Bowel	34.6	Receiving Suctioning		0.0
Other Nursing Homes	2.7			Receiving Ostomy Care		1.6
Acute Care Hospitals	11.8	Mobility		Receiving Tube Feeding		2.1
Psych. Hosp. -MR/DD Facilities	0.3	Physically Restrained	1.1	Receiving Mechanically Altered Diets		25.0
Rehabilitation Hospitals	0.0					
Other Locations	9.1	Skin Care		Other Resident Characteristics		
Deaths	40.9	With Pressure Sores	3.2	Have Advance Directives		100.0
Total Number of Discharges		With Rashes	0.0	Medications		
(Including Deaths)	296			Receiving Psychoactive Drugs		59.6

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Nonprofit Peer Group Ratio %	Bed Size: 200+ Peer Group Ratio %	Licensure: Skilled Peer Group Ratio %	All Facilities %
Occupancy Rate: Average Daily Census/Licensed Beds	90.0	88.9 1.01	80.2 1.12	82.7 1.09	84.6 1.06
Current Residents from In-County	94.1	88.1 1.07	83.3 1.13	85.3 1.10	77.0 1.22
Admissions from In-County, Still Residing	26.8	22.9 1.17	27.4 0.98	21.2 1.27	20.8 1.29
Admissions/Average Daily Census	154.8	129.6 1.19	94.3 1.64	148.4 1.04	128.9 1.20
Discharges/Average Daily Census	157.4	133.7 1.18	98.8 1.59	150.4 1.05	130.0 1.21
Discharges To Private Residence/Average Daily Census	55.3	47.6 1.16	31.6 1.75	58.0 0.95	52.8 1.05
Residents Receiving Skilled Care	90.4	90.5 1.00	89.7 1.01	91.7 0.99	85.3 1.06
Residents Aged 65 and Older	96.3	97.0 0.99	90.1 1.07	91.6 1.05	87.5 1.10
Title 19 (Medicaid) Funded Residents	46.3	56.0 0.83	71.6 0.65	64.4 0.72	68.7 0.67
Private Pay Funded Residents	44.1	35.1 1.26	19.1 2.31	23.8 1.86	22.0 2.01
Developmentally Disabled Residents	1.1	0.5 2.18	0.8 1.28	0.9 1.13	7.6 0.14
Mentally Ill Residents	45.2	30.9 1.46	35.4 1.28	32.2 1.40	33.8 1.34
General Medical Service Residents	13.3	27.3 0.49	20.3 0.66	23.2 0.57	19.4 0.69
Impaired ADL (Mean)	51.3	50.3 1.02	51.8 0.99	51.3 1.00	49.3 1.04
Psychological Problems	59.6	52.4 1.14	47.7 1.25	50.5 1.18	51.9 1.15
Nursing Care Required (Mean)	4.8	7.1 0.68	7.3 0.65	7.2 0.66	7.3 0.65